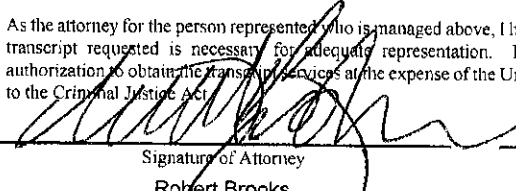
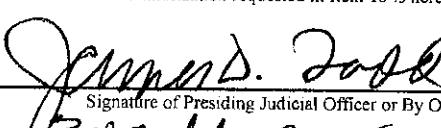


CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 5/99)

CLERK'S COPY

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 1. CIR./DIST./ DIV. CODE | | 2. PERSON REPRESENTED Sharn Milan | | VOUCHER NUMBER | | | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 01-10031 | | 5. APPEALS DKT./DEF. NUMBER 05-6209 | | 6. OTHER DKT. NUMBER | |
| 7. IN CASE/MATTER OF (Case Name) USA v. Sharn Milan | | 8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal | | 9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other | | 10. REPRESENTATION TYPE (See Instructions) | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21 USC 846 | | | | | | | |
| REQUEST AND AUTHORIZATION FOR TRANSCRIPT | | | | | | | |
| 12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) direct appeal as of right | | | | | | | |
| 13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). sentencing | | | | | | | |
| 14. SPECIAL AUTHORIZATIONS | | | | | | | |
| A. Apportioned _____ % of transcript with (Give case name and defendant) | | | | | | | |
| B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript | | | | | | | |
| C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions | | | | | | | |
| D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act. | | | | | | | |
| 15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  _____ Signature of Attorney Robert Brooks _____ Printed Name 901-763-2832 Telephone <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization 8/24/05 Date | | | | 16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  _____ Signature of Presiding Judicial Officer or By Order of the Court 30 October 2005 _____ Date of Order Nunc Pro Tunc Date | | | |
| CLAIM FOR SERVICES | | | | | | | |
| 17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other | | | | 18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Telephone _____ | | | |
| 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE | | | | | | | |
| 20. TRANSCRIPT | | INCLUDE PAGE NUMBERS | | NO. OF PAGES | | RATE PER PAGE | |
| Original | | | | | | SUB-TOTAL | |
| Copy | | | | | | LESS AMOUNT APPORTIONED | |
| Expense (Itemize) | | | | | | TOTAL | |
| TOTAL AMOUNT CLAIMED: | | | | | | | |
| 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of _____ Date _____ | | | | | | | |
| ATTORNEY CERTIFICATION | | | | | | | |
| 22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk _____ Date | | | | | | | |
| APPROVED FOR PAYMENT — COURT USE ONLY | | | | | | | |
| 23. APPROVED FOR PAYMENT _____ Signature of Judicial Officer or Clerk of Court _____ Date | | | | | | 24. AMOUNT APPROVED | |

CLERK'S COPY

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Notice of Distribution

This notice confirms a copy of the document docketed as number 411 in case 1:01-CR-10031 was distributed by fax, mail, or direct printing on September 1, 2005 to the parties listed.

Robert C. Brooks
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P.O. Box 771558
Memphis, TN 38177

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U.S. ATTORNEY'S OFFICE
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Ste. 300
Jackson, TN 38301

Honorable James Todd
US DISTRICT COURT